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Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4416).

FEES TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known

Application Number	10/664,355-Conf. #8070
Filing Date	September 17, 2003
First Named Inventor	Masumi SUETSUGU
Examiner Name	R. E. Ashton
Art Unit	1752
Attorney Docket No.	2185-0698P

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448	Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description _____

Each claim over 20 (including Reissues) _____

Fee (\$)

Fee (\$)

50

25

Each independent claim over 3 (including Reissues) _____

200

100

Multiple dependent claims _____

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	- 20 = 0	x _____	= _____			

HP = highest number of total claims paid for, if greater than 20. _____

360.00

360.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
1	- 3 = 0	x _____	= _____			

HP = highest number of independent claims paid for, if greater than 3. _____

360.00

360.00

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	- 100 = 0	/50 (round up to a whole number) x _____	= _____	

100 = 0 /50 (round up to a whole number) x _____ = _____

Fees Paid (\$)

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 125 Extension for response within second month _____

450.00

SUBMITTED BY		Registration No. (Attorney/Agent)	32,868	Telephone	(703) 205-8000
Signature	Andrew D. Melkile	Date	July 10, 2006		